

PREGNANT WOMAN CURRENTLY BREASTFEEDING

(338)

PARTICIPANT TYPE.....PREGNANT WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

A breastfeeding woman now pregnant

ASK ABOUT:

- Age of her breastfeeding child and current breastfeeding pattern
- Breastfeeding-related discomforts (such as sore nipples) and the degree of her discomfort
- Her health care provider's awareness of her continued breastfeeding and the provider's recommendation
- Pregnancy-related health concerns such as uterine pain, bleeding while breastfeeding or a history of premature delivery
- Prepregnancy weight and weight gain pattern
- Oral health status
- Access to prenatal care and barriers to keeping her appointments
- Typical eating pattern including meals and snacks
- Dietary supplements
- Common problems of pregnancy affecting appetite and intake (nausea, vomiting, heartburn) and her coping strategies
- Household food security
- Family and social support and help with household tasks and child care

NUTRITION COUNSELING/EDUCATION TOPICS:

- Breastfeeding during pregnancy can influence the mother's ability to meet the nutrient needs of her growing fetus and her nursing baby.
- Pregnancy hormones generally cause a decrease in milk production. This usually happens during the last four months of the pregnancy.
- During the last few months of pregnancy the milk changes to colostrum in preparation for the birth. Reassure her that no matter how much her breastfeeding child nurses, colostrum will still be available at birth for the newborn.
- Mothers who breastfeed throughout a pregnancy may report that their nipples, previously accustomed to nursing, become extremely sensitive (presumably due to pregnancy hormones).

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- When women nurse through a pregnancy it is possible that oxytocin released during breastfeeding could trigger uterine contractions and premature labor. These contractions usually pose no danger to the fetus and generally do not increase the risk of premature delivery.
- Reassure her that it is possible to continue breastfeeding during her pregnancy with her primary care provider's approval. Provide support with breastfeeding management as needed.
- Many children wean during pregnancy. This may be due to changes in the flavor of the breastmilk (resulting from hormonal changes during pregnancy) or the decreased volume of milk available.
- Encourage her to be flexible about how breastfeeding will go during the coming weeks and months. Emotions and comfort levels for both mother and child can be unpredictable during pregnancy.
- If the nursing baby is younger than a year old, suggest that she monitor the baby's intake and weight gain more closely to ensure that nutritional needs are met.
- If she decides to wean the breastfeeding child, support her decision and assure her that her child's needs can be met in many ways.
- Discuss an appropriate weight gain goal based on her prepregnancy BMI. Explain that an adequate weight gain is an important factor in having a healthy baby.
- Review the basics of a healthy pregnancy diet using MyPyramid as a guide and adjust your recommendations as needed to meet her nutrient needs for breastfeeding. Make appropriate suggestions based on her typical eating pattern such as:
 - Eat an adequate number of servings and amounts from each group (aiming for the higher end of the range of recommended servings or amounts).
 - Include some calorie-dense foods in the diet.
 - Strategies to increase the caloric density of the diet including adding nuts, dried fruit, dry milk powder, grated cheese and other ingredients.
 - Replace calorie-free foods with nutrient-dense food choices that provide calories.
 - Eat small meals and often (five or six smaller meals rather than two or three large meals).
- Explore additional strategies for dealing with common problems of pregnancy that affect her appetite and food intake.
- Encourage her to take her prenatal vitamin and mineral supplements as recommended by her primary care provider.

POSSIBLE REFERRALS:

- If she is at risk for miscarriage or spotting, recommend that she discuss her breastfeeding options with her doctor or a lactation consultant.
- If she is not receiving prenatal care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.
- If access to sufficient food is a concern, refer to other food assistance programs such as SNAP, local food pantry, etc.
- If oral health status is affecting her ability to consume an adequate diet, refer to a local dental office, the local public health department (public health hygienists) or Health Tracks (if on medical assistance) for additional screening and referral. More information about oral health services in ND can be found at <http://www.ndhealth.gov/oralhealth/>.
- If the household and family situation is so stressful that it affects her ability to care for herself and consume a healthy diet, refer her to the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>) or a social services agency.